Filed this day of	RECEIVED
State of Sou	100 4 4 0000
Jazeltine andidate for F	uniolai ilitorost
X TO	
File statement in the office where your nominating petition or convention nomination certification was filed. SECRETARY OF STATE	
Please read information on reverse side before completing this form.	
M i. A	
1. Name Markyn (Sonny) Beebe	
2. Address 1704 E. 3rd Street	Sioux Falls, S.D 57/03
3. Office Sought State House, District 9	
4. What is your occupation/profession? Loader/Chec	Ker For Old Home Bakery
5. List any enterprise which accounted for more than ten	
percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home)	What is the nature of your immediate family's association
gross income in the preceding calendar year. Identify	with each? The value of the financial interest need not
who receives the income from each enterprise.	be reported.
Old Home / Metz Baking	Paid Employee (self) Owner (self)
Rental House 615 No Highlandove	_owner (self)
,	
List any enterprise in which you, your spouse or minor children living at home control more than ten	
percent of the capital or stock. Identify who has the ownership interest in each enterprise.	What is the nature of your immediate family's association with each?
	None
None	
State of South Dakota)	
) SS.	Verification
County of Minne haha	
I have reviewed paragraphs 1 through 6 of the Information Regard Statement of Financial Interest and certify that the information re	rding Statement of Financial Interest (attached), my
my financial interests for the preceding calendar year.	
(Signed)	Mayor Sonny Buter
Sworn to before me this 8th day of mrs.	20/2
	(I fil its Dan 1.
(Seal)	Officer Administering Oath
Revised 1997	My commission expires:
	* /